Construction Contractor's Capability Statement

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

COMPANY NAME	North State Constructi	ion LLC	
ADDRESS			
800Bond Dr. #2			
CITY			
Taos			
STATE			
NM			
ZIP CODE 87571			
PHONE 505-751-7028	FA:	X 5-758-0707	
EMAIL: wrgcinc@laplaza.org			
PRIMARY CONTACT Nolan Shapiro	:		
	TION WORK (Check al st Primary Expertise:		
x□ Site Work x□ Structural □Carpet □Mechanical	x□ Demolition □ Steel Fencing x□ Roofing □ Clean Room	□Exterior Utilities x□ Masonry x□ Building □ Fire Protection	x□ Paint □ Mechanical (HVAC/Plumbing) □ Electrical □ Nuclear Facility
2 years	ur organization been in a	a business as a construction of the construction business und	contractor? der its present business name?
Under what former nam	es has your organization	operated?	
qualifications. Wayne Rutherford – 2	•	censed Contractor – 30 years	ith firm, educational training and

Chris Ruscoe – 6 months – Project Supervisor – 28 years experience.

Jill Cline – 2 years – Business Manager/Contractor – 18 years experience.
List the categories of work that your organization normally performs with its company personal. Concrete, Carpentry, Paint, Drywall
List the major projects your organization has in progress or has completed in the past five years, owner, contact amount, date/expected completion, percentage performed with its company personal Vista Taos - \$100,000 - 100% Complete Vista Taos Office - \$479,000 - 5%- Complete in September 2003 Primary Care - \$89,000 - 100% Complete Taos Physical Therapy - \$293,000 - 100% Complete
List your Trade References Seal Craft – Shreveport, Louisiana C.P.I. Sales – Pearland, Texas Pan American Fixtures – Albuquerque, NM Randall Lumber – Taos, NM
List your Surety company or your banking affiliates. Centinel Bank of Taos 1st State Bank of Taos What is your organization's current bonding rate?
Single3% Aggregate3% Has your firm entered into a contract that had to be completed by your surety within the past five years? Yes □ No □x
List your Contractor's New Mexico license classification(s): GB98 #83178
Safety History:
List your firm's: Workmen's compensation Experience Modification Rate (EMR), Total recordable Injury/Illness case rate, and Lost workday case rate for the current period (calendar year to-date) and the previous three year period. 2002 1.00 Case Rate 0 Lost Work Day 0 2001 1.00 0 0 2000 1.00 0
Rate Type: Interstate, In-Statex, Monopolistic
Insurance Carrier: Builders Trust

What is your	firm's North	American Industrial	l Classification	on System (NAI)	CS) code?	
053-00						
Check all that	apply to yo	ur organization. Prov	vide certificat	tion if 8(a) Certi	fied or Small Dis	sadvantaged.
☐ Woman ow	ned	x□ Small Business	☐ Small Di	sadvantaged 🗆	8(a)□ Large	x □ Veteran
☐ Disabled V	eteran	☐ HUBZone			. ,	
Present numb	er of employ	rees				
x □ 1-20	1 21-40	41-60	□ 61 − 100	☐ Over 10	0	